

SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Nucala[®] (mepolizumab) **(Pharmacy)**
Chronic Obstructive Pulmonary Disease (COPD)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

Quantity Limit: 100 mg per 28 days

*The Health Plan considers the use of concomitant therapy with Cinqair[®], Nucala[®], Dupixent[®], Fasenra[®], and Xolair[®] to be experimental and investigational. Safety and efficacy of these combinations have **NOT** been established and will **NOT** be permitted. In the event a member has an active Cinqair[®], Dupixent[®], Fasenra[®], and/or Xolair[®] authorization on file, any subsequent requests for Nucala[®] will **NOT** be approved.

CLINICAL CRITERIA: Check below all that apply. **All criteria must be met for approval.** To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

☐ **DIAGNOSIS: Chronic Obstructive Pulmonary Disease**

Initial Authorization: 12 months

☐ Prescribed by or in consultation with an allergist, immunologist or pulmonologist

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- ☐ Member is 18 years of age or older
- ☐ Member has a diagnosis of moderate to severe Chronic Obstructive Pulmonary Disease (COPD) confirmed with spirometry demonstrating **ONE** of the following:
 - ☐ FEV1/FVC ratio <0.7 post-bronchodilation
 - ☐ Post-bronchodilator FEV1 % predicted of $\geq 30\%$ and $\leq 80\%$
- ☐ Member has experienced **ONE** of the following:
 - ☐ At least two (2) exacerbations treated with short-acting bronchodilators and oral corticosteroids, with or without antibiotics in the past 12 months
 - ☐ At least one (1) exacerbation requiring hospitalization in the past 12 months
- ☐ Provider must submit a member blood eosinophil count level greater than or equal to 300 cells per microliter following at least 90 days of therapy of dual or triple-maintenance therapies
- ☐ Member is currently being treated with **ONE** of the following unless there is a contraindication or intolerance to these medications and must be compliant on therapy **for at least 90 consecutive days** within year of the request (**verified by pharmacy paid claims**):
 - ☐ Triple therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]), long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®]), and an inhaled corticosteroid (ICS) (e.g., fluticasone propionate)
 - ☐ Dual therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]) and long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®]) alone if inhaled corticosteroid (ICS) is contraindicated
- ☐ Member is requesting Nucala[®] (mepolizumab) as add-on maintenance therapy to dual or triple therapy (**verified by pharmacy paid claims**)

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ☐ Member has experienced a sustained positive clinical response to Nucala[®] therapy as demonstrated by at least **ONE** of the following (**check all that apply**):
 - ☐ Increase in percent predicted Forced Expiratory Volume (FEV1) from baseline (pre-treatment)
 - ☐ Reduction in exacerbations (e.g., decrease oral corticosteroids) or fewer hospitalizations
 - ☐ Reduction in dyspnea symptoms such as chest tightness, shortness of breath
- ☐ Member is currently being treated with **ONE** of the following unless there is a contraindication or intolerance to these medications (**verified by pharmacy paid claims**):
 - ☐ Triple therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]), long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®]), and an inhaled corticosteroid (ICS) (e.g., fluticasone propionate)
 - ☐ Dual therapy with a long-acting muscarinic antagonist (LAMA) (e.g., Spiriva Respimat[®]) and long-acting beta agonist (LABA) (e.g., Advair HFA, Dulera[®]) alone if inhaled corticosteroid (ICS) is contraindicated

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- ☐ Member continues to use Nucala® (mepolizumab) as add-on maintenance therapy to dual or triple therapy (**verified by pharmacy paid claims**)

Medication being provided by Specialty Pharmacy – Proprium Rx

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****